



Incident Report

Print Date/Time: 02/17/2016 09:14
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00003048

Incident Date/Time: 2/14/2016 3:37:00 PM
Location: SOPER HILL RD / SR 9 NE
LAKE STEVENS WA 98258
Phone Number:
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: Officer-Initiated
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0075-Christensen
19D3	SS0135-Parnell

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
3	Driver	mcnair, travis w				Male	06/20/1974
4	Driver	jenkins, david a					06/07/1973

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AVX3567	
Victim Vehicle	Truck		Chevrolet			c48257d	WA

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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02/14/2016 : 15:40:01 SP0412 Narrative: 2 VEHS

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E516060**

12

21

31

4

4a

5

6

7

8

91

101

1135

1200

134

144

152

162

17

18

19

20

21

22

23

24

25

26

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	02	-	14	-	2016			1542	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
STATE ROUTE 9	BLOCK NO. <input checked="" type="checkbox"/>	2600
	MILE POST	

DISTANCE	MILES	N	E	OF (REFERENCE OR CROSS STREET)
				SOPER HILLER RD
	FEET	S	W	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4257914127
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LAST NAME	JENKINS	FIRST NAME	DAVID	MIDDLE INITIAL	A
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STREET NEW ADDRESS	2103 11TH ST NE
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CITY	MARYSVILLE	ST	WA	ZIP	
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	JENKIDA278LA	STATE	WA	SEX	M	D.O.B. MMDDYYYY	06	-	01	-	1973
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AVX3567	STATE	WA	VIN#	1MEPM6043MH622199
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1991	MAKE	MERC	MODEL	COUGA	STYLE	P2	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	MACKS	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	VEHICLE NO. 1 SHADE IN DAMAGED AREA	
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE

UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 9079521237
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LAST NAME	MCNAIR	FIRST NAME	TRAVIS	MIDDLE INITIAL	W
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STREET NEW ADDRESS	2530 88TH DR NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	MCNAITW268L0	STATE	WA	SEX	M	D.O.B. MMDDYYYY	06	-	20	-	1974
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	C48257D	STATE	WA	VIN#	3GCUKTEJ8EG476899
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2014	MAKE	CHEV	MODEL	KHC	STYLE	4C	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	VEHICLE NO. 2 SHADE IN DAMAGED AREA	
LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # STATEFARM 369-5270-C20-47A	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE

OFFICER'S NAME (PRINT)	C. CHRISTENSEN	BADGE OR ID #	0075	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E516060**CASE # **16-00003048**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		MCNAIR JENNIFER L																
ADDRESS & PHONE # 2530 88TH DR NE LAKE STEVENS WA 98258 9079521237										SEX F	D.O.B. MMDDYYYY 11	-	08	-	1982			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 2 was in the inside turn lane on SR 9 at Soper Hill Rd. preparing to make a left turn. Unit 1 was in the outside turn lane on SR 9 at Soper Hill Rd. also preparing to turn left. When the traffic signal turned green both Unit 1 and Unit 2 proceed and as they did Unit 1 lost traction, spun sideways and ran into Unit 2 at the passenger front door. There were no reported injuries at the scene and Unit 2 was driven from the scene. Unit 1 was towed from scene by Makc's towing as the driver was DWLS/R 3 and was unable to find a license driver a reasonable time.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

02-15-16 10:49 AM

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

2/16/2016 8:26:03 AM

BADGE OR ID #

0075

ORI #

WA0311900

TIME POLICE DISPATCHED

3:42 PM

TIME POLICE ARRIVED

3:49 PM

PART B 3000-345-160 R (7/06)

PAGE

2

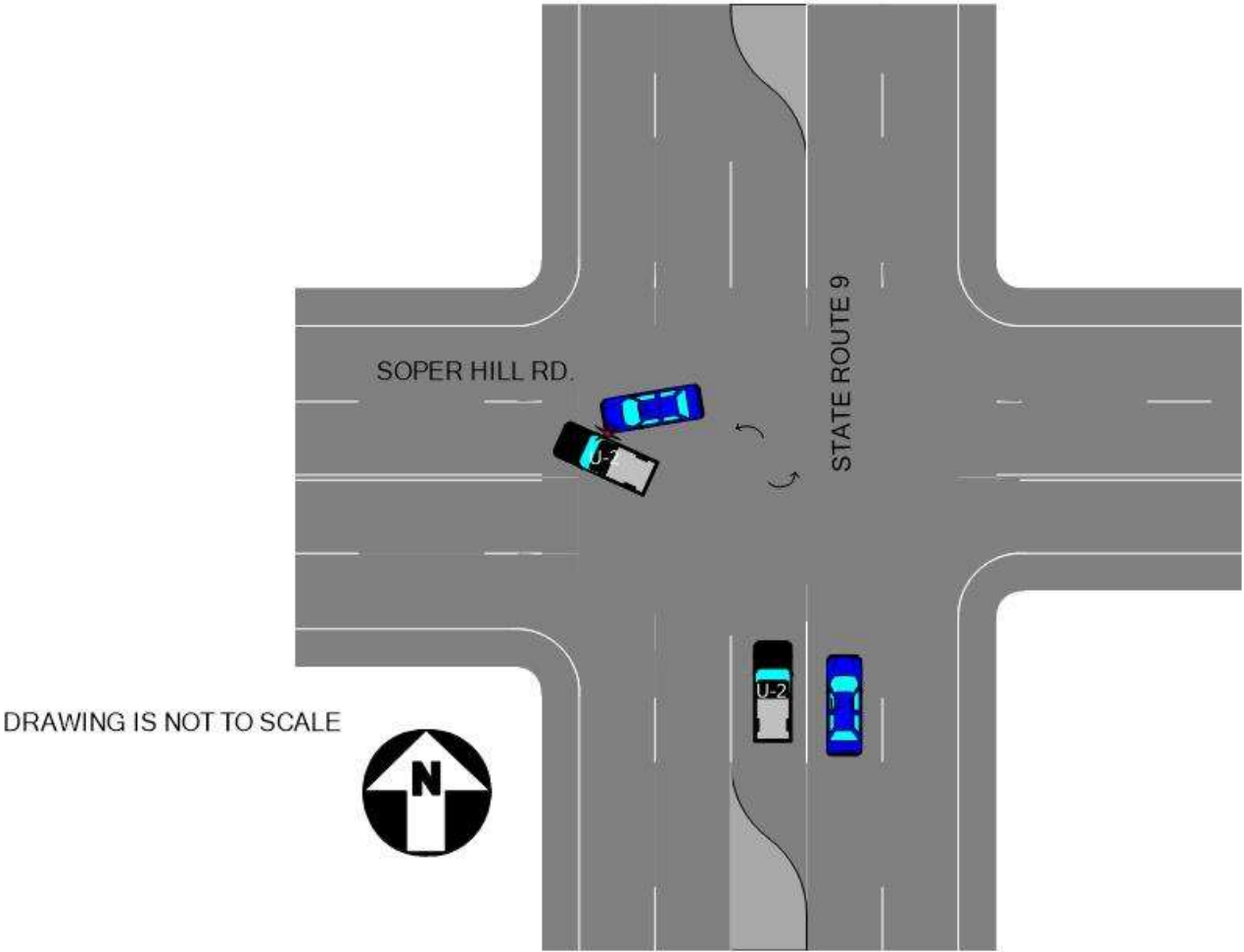
OF

3

REPORT NO. E516060

CASE # 16-00003048

DATE AND TIME
OF COLLISION 02/14/16 15:42



STATEMENT McNair, Travis



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-00003018VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>McNair Travis Wayne</u>	RACE <u>C</u>	ETHNICITY	SEX <u>M</u>	D.O.B. <u>6/20/74</u>	AGE <u>41</u>	HGT <u>5'10</u>	WGT <u>260</u>	HAIR <u>Brown</u>	EYES <u>HAZ</u>
STREET ADDRESS <u>2530 88th Dr NE</u>			CITY <u>Lake Stevens</u>		STATE <u>Wa</u>		ZIP <u>98258</u>		
HOME PHONE <u>(907) 952-1237</u>		CELL PHONE <u>Same</u>			WORK PHONE <u>Same</u>				
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT				

STATEMENT:

Turning left off North HWY 9 onto Soper Hill Rd when driver in outside turning lane (right-hand left^{turn} lane), hit my vehicle on passenger side. Immediately pulled to right hand side of the road. My Wife and 2 kids were in the vehicle at time of incident. The other vehicle was a blue Mercury Cougar.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

2/14/2016

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Page ____ OF ____

STATEMENT Hirsch, Sarah



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-0003048
VICTIM ☐ WITNESS ☒
NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>HIRSCH SARAH KATHLEEN</u>		RACE <u>WW</u>	ETHNICITY <u>CAUS.</u>	SEX <u>F</u>	D.O.B. <u>3-1-79</u>	AGE <u>36</u>	HGT <u>5'8"</u>	WGT <u>225</u>	HAIR <u>Br.</u>	EYES <u>Bl.</u>
STREET ADDRESS <u>7512 50TH PI. NE</u>				CITY <u>MARYSVILLE</u>		STATE <u>WA</u>		ZIP <u>98270</u>		
HOME PHONE		CELL PHONE <u>2196712809</u>			WORK PHONE					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT <u>LAKE STEVENS SCHOOL DISTRICT</u>					

STATEMENT:

ON 2/14/16 I WAS LEFT TURNING
TURNING LEFT OFF HIGHWAY 9 (THE BLUE CAR & BLACK TRUCK) WERE IN
FRONT OF ME & THE BLUE CAR TURNED RIGHT INTO THE SIDE OF
THE TRUCK.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: [Signature]

DATE SIGNED:

2/14/16

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

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LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-00003049VICTIM ☐ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Lawson, Melinda</u>	RACE <u>C</u>	ETHNICITY	SEX <u>F</u>	D.O.B. <u>8/24/53</u>	AGE <u>62</u>	HGT <u>5'</u>	WGT <u>160</u>	HAIR <u>BRN</u>	EYES <u>BRN</u>
STREET ADDRESS <u>7030 111th Dr SW</u>			CITY <u>LK Stevens</u>		STATE <u>WA</u>		ZIP <u>98258</u>		
HOME PHONE <u>425-443-5782</u>		CELL PHONE			WORK PHONE				
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT <u>Retired</u>				

STATEMENT:

I was ~~at~~ light heading S intersection Hwy 9 + Soper Hill
 & 2nd N turn lanes heading N & turning onto
 Soper Hill - Blue car in outside lane rear of
 car started to slide swing front end the car
 into a black pick up truck hitting passenger
 door & (R) front of truck

Driver of blue car tried to back up & move to
 side of the road - He admitted it was his fault.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

2-14-16

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE,
 HEALTHY, AND PROSPEROUS COMMUNITY"

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